

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	needs. These are items which are customized to meet the
42 CFR	Care and Services	special medical needs or physical specifications of a particular
447.304	Item 12c (cont'd)	individual.

Pricing on an item-by-item basis because of unique specifications may include analysis of such factors as invoiced costs to providers, comparative prices of the providers, manufacturer suggested retail prices for equipment or system components and negotiated rates based on an accumulation of data from private insurers as to their allowable reimbursement for these types of equipment.

Exception: Reimbursement for customized wheelchairs shall be based on the manufacturer's suggested retail price minus 15 percent (15%) for manual custom wheelchairs, and minus 12 percent (12%) for electric custom wheelchairs.

MEDICAID PAYS FULL CO-INSURANCE AND DEDUCTIBLE ON MEDICARE PART B DME CLAIMS.

II. Standards for Payment

- A. Receipt of certification by the physician of proper fit or verification from the beneficiary that the appliance, equipment and/or supplies have been received and are satisfactory, and
- B. Receipt of the bill from the company in an amount which is in accordance with the established reimbursement methodology.
- C. Approval is based upon the recommendation of the attending physician that the requested item is suitable for use in the home.

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SUPERSEDES: TN - 96-17

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DATE APP'VD	<u>9-16-97</u>
DATE EFF	<u>4-1-97</u>
HCFA 179	<u>97-11</u>
A	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B  
Item 12c, Page 3

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- D. Prior authorization is required for Durable Medical Equipment (DME) except intraocular lens implanted during a covered surgery. Authorization is made by the Prior Authorization Unit (PAU) (the extant unit of the former Medical Social Review Team).
- E. Wound care supplies and dressings, and other medically necessary supply items exclusively designated for use by the home health care agency in the performance of that service are reimbursable using the DME fee schedules.

Durable medical equipment providers must obtain prior authorization through the prior authorization process required under the Durable Medical Equipment Program in order to provide and be reimbursed for these supplies used by home health agencies in the performance of that service. These supplies are available for use only by home health agencies in providing home health care.

- F. Diapers and blue pads are not reimbursable supply items under the Durable Medical Equipment Program.

Disposable supplies, regardless of cost, for Medicare Part B eligibles do not require prior authorization.

- G. Prior authorization requests are to be acted on as quickly as possible but no later than within twenty-five (25) days from the date the complete request is received. Emergency requests shall be orally approved or denied no later than two (2) working days from the date the request is received.

Failure to meet these time frames constitutes an automatic approval of the request.

STATE Louisiana  
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DATE ADVID NOV 27 1995  
DATE EFF JUL 07 1995  
HCFA 177 45-19

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B  
Item 12.d.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1902 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION      MEDICAL AND REMEDIAL  
42 CFR      CARE AND SERVICES  
447.351      Item 12.d.  
447.352  
447.304

Eyeglasses (including cataract eyeglasses and contact lenses) are provided with limitations and are reimbursed as follows:

1. Method of Payment

Payment is made on the basis of Medicare/Medicaid upper limits. The method of establishing upper limits for payment of eyeglasses is described in the Medical Assistance Program Manual under 19-614E. In the case of payments made under the plan for deductibles and coinsurance payable on an assigned Medicare Claim for noninstitutional services, those payments may be made only up to the reasonable charge under Medicare.

STATE <u>LA</u>	A
DATE REC'D <u>1-3-84</u>	
DATE APPV'D <u>2-28-84</u>	
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TN # 79-30

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

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Item 13d, Page 1

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and Remedial</u>	<u>Other Diagnostic, Screening, Preventive, and Rehabilitative</u>
42 CFR	Care and Services	<u>Services (i.e. other than those provided elsewhere in this Plan)</u>
440.130	Item 13.d.	

I. Rehabilitation Center Services

A. Reimbursement Methodology

Upon prior approval by the Prior Authorization Unit, Bureau of Health Services Financing, payment for rehabilitation services provided by a Title XVIII certified private or public rehabilitation center will be made based on a schedule of payment rates contained in the Rehabilitation Center Provider Manual.

B. Standards for Payment

1. The rehabilitation services center must be certified by the Health Standards Section of the Bureau of Health Services Financing.
2. The rehabilitation center must be Title XVIII certified.
3. Referral for such services has been made by a licensed physician, and the Prior Authorization Unit, Bureau of Health Services Financing (BHSF) has a copy of his recommendations to the rehabilitation services provider.

STATE <u>LOUISIANA</u>	A
DATE <u>12-31-96</u>	
DATE <u>03-17-97</u>	
DATE <u>11-15-96</u>	
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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	
42 CFR	Care and Services	4. The rehabilitation services provider has evaluated the client and submitted a copy of its proposed plan of services to the Prior Authorization Unit for approval.
447.304	Item 13.d.(cont'd.)	5. The rehabilitation services provider has agreed to provide evaluation reports as requested by the Prior Authorization Unit when the Plan is approved.
440.130		6. The BHSF Prior Authorization Unit has approved the Plan of treatment.

II. Rehabilitation Services for Mental Illness

A. Reimbursement Methodology

1. MHR Assessment and MHR Service Agreement

Prior approval by Office of Mental Health is required for payment for MHR Assessment and MHR Service Agreement. The initial assessment fee includes all components of the MHR assessment, development of an initial Service Agreement, and services needed during the assessment period. The assessment includes a minimum of 10 hours of contact time with the consumer, family, significant others, and key informants. The reassessment is completed in the format outlined by the Office of Mental Health and is included in the monthly rate. The fee for the initial assessment will be a single payment of \$700 for Adult assessment/service agreement and \$800 for Child/youth assessment/service agreement.

STATE <u>Louisiana</u>	A
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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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CITATION

42 CFR  
447.304  
440.130

Medical and Remedial  
Care and Services  
Item 13.d.(cont'd.)

2. Reimbursement for services specified in the 90 day action strategy plan in the approved MHR Service Agreement shall be paid at a flat monthly rate for the appropriate frequency schedule, which is determined by medical necessity.

Flat monthly rates are based on estimated number of hours of each service in each frequency schedule (weighted by usage determined by a study of prior history for similar services) and hourly cost of composite services, including all provider costs regardless of location in which services are provided (based on historical reimbursement for those services).

Rates for each frequency schedule are based on 66.6% of the estimated cost of services for the appropriate frequency schedule.

Payment is contingent upon the delivery of 80% of the services contained in the Service Agreement. Reimbursement for the first month will be made after 80% of one-third of the total services have been provided. Reimbursement for the second month will be made after 80% of two-thirds of the total services have been provided. Reimbursement for the third month will be made after 80% of total services have been provided.

STATE <u>Louisiana</u>		A
DATE RECD	<u>JAN 02 1996</u>	
DATE ADJ	<u>SEP 12 1996</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B  
ITEM 13.d. Page 4

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION      Medical and Remedial  
42 CFR      Care and Services  
447.304      Item 13.d.(cont'd.)  
440.130

Services available to children/youth and to adults are identical, and are listed on Attachment 3.1-A, Item 13.d., page 7. Types and amounts of services included on each service agreement are individualized and vary based on medical necessity. For purposes of calculating monthly payment for each frequency schedule, the following estimated hours and types of service were used:

<i>Child/Youth Service Packages</i>	High	Medium	Low
Clinical Management	4	4	2
Medication Management	1	1	.33
Individual Intervention	2	2	1
Parent/Family Intervention	6	2	1
Group Counseling	2	1	0
Behavior Intervention Development	1	1	0
Psychosocial Skills - group	10	5	0
Psychosocial Skills - indiv.	10	5	8
Service Integration	80	40	0

Effective 12/1/95 rates are:      \$1375      \$800      \$250

*Adult Service Packages*

Individual Intervention/ Group Counseling	2	2	1
Medication Management	1	1	.5
Clinical Management	2	2	1
Psychosocial Skills - group	80	40	20
Psychosocial Skills - indiv.	20	10	5
Parent/Family Intervention	1	1	1
Service Integration	56	10	5

Effective 12/1/95 rates are:      \$1300      \$550      \$250

Rates will be adjusted periodically when review of utilization indicates that significant changes have taken place.

STATE <u>Louisiana</u>		A
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TE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR  
447.304  
440.130

Medical and Remedial  
Care and Services  
Item 13.d.(cont'd.)

B. Standards for Payment

1. Providers must meet Mental Health Rehabilitation Enrollment and Certification Criteria requirements for participation in the Mental Health Rehabilitation Program;
2. All services must be provided in accordance with the approved Service Agreement;
3. Providers must comply with all state and federal regulations regarding subcontracts and the submittal and audit of cost reports;
4. Admission to Mental Health Rehabilitation is limited to persons who:
  - a) meet the definition of either Seriously Mentally Ill or Emotionally/Behaviorally Disordered, as defined by Office of Mental Health; and
  - b) have a high need for mental health rehabilitation as measured by the North Carolina Functional Assessment Scale for adults or the Child and Adolescent Functional Assessment Scale for children/youth.

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STATE <i>Strouss</i>	
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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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CITATION

42 CFR

447.304

440.130

Medical and Remedial

Care and Services

Item 13.d.(cont'd.)

5. Reimbursement is not provided for both Mental Health Rehabilitation and Optional Targeted Case Management to the same recipient because case management type activities are inherent in the Mental Health Rehabilitation service definition which duplicates case management services.

Exception: Case management and Mental Health Rehabilitation services may be provided to the same recipient when he/she is dually diagnosed, meets all requirements to receive Mental Health Rehabilitation services, and has a slot in the MR/DD waiver.

STATE <u>Louisiana</u>	A
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STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Citation    Medical and Remedial NURSE-MIDWIFE SERVICES  
                  Care and Services  
42 CFR        Item 17  
440.165  
450.30

I. Method of Payment

A. Payment to certified nurse-midwives will be made for the following procedures only:

1. Global obstetrical care, including antepartum care, normal vaginal delivery and postpartum care.
2. Uncomplicated vaginal delivery only and in-hospital postpartum care.
3. Antepartum care only.
4. Postpartum care only.
5. Normal newborn care in a hospital; includes examination and a conference with parent(s).
6. Initial history and examination of a newborn.

B. For reimbursement methodology, see Medical and Remedial Care and Services, Attachment 4.19-B, Item 5, I. For obstetrical codes and applicable rates, see Item 5, beginning on page 9.

II. Standards for Payment

Certified nurse-midwives are defined as professional nurses currently licensed in Louisiana and legally authorized to practice midwifery. Certified nurse-midwives must enroll as Medicaid providers in order to be reimbursed for their services.

Certified nurse-midwives will be reimbursed for prenatal care, deliveries, and postpartum care as previously described and must always work as a member of a physician-directed health care team in accordance with LA R.S. 37:911 thru 37:930 and as cited by the Board of Nursing at R.N. 304, entitled "Certified Nurse-midwife."

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